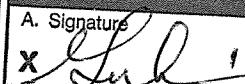
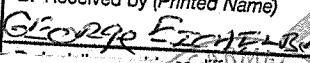
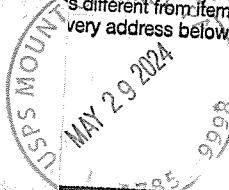


SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none">■ Complete items 1, 2, and 3.■ Print your name and address on the reverse so that we can return the card to you.■ Attach this card to the back of the mailpiece, or on the front if space permits.		<p>A. Signature  <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name)  <input type="checkbox"/> Is different from item 1? <input type="checkbox"/> Yes very address below: <input type="checkbox"/> No</p> <p>C. Date of Delivery </p>	
<p>1. Article Address</p> <p>Joan Cicchiello 35 West Avenue Mt. Carmel, PA 17851 FILED</p> <p>3:23cv88 #50</p> <p></p> <p>MAY 31 2024</p> <p>2. Article Number. (Transfer from service label) 9589 0710 5270 0284 0651 67</p> <p>U.S. DISTRICT COURT MOUNT MARTINSBURG</p> <p>Delivery</p> <p><input type="checkbox"/> Air Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect On Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery</p> <p>PS Form 3811, July 2020 PSN 7530-02-000-9053</p> <p>Domestic Return Receipt</p>			